

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

28 County Crawford Registration District No. 230
Township Northwestern Primary Registration District No. 5313
City Franklin (No. _____ St. _____ Ward _____)

5-80 a
File No. _____
Registered No. _____

2. FULL NAME

Edward Lee Heltterbrand
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bella Heltterbrand
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
48 11 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St Louis Mo.
(STATE OR COUNTRY) Missouri

FATHER
13. NAME E. H. Heltterbrand

14. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) 31

MOTHER
15. MAIDEN NAME Estela Swenson

16. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Bella Heltterbrand
(ADDRESS) Franklin, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Ridge DATE Jan 15 1932

19. UNDERTAKER J. J. Gorman & Son
(ADDRESS)

20. FILED April 2 1932 J. J. Gorman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Acute indigestion
1180
118
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Harry M. Gorman
(Address) St Louis Mo.

